

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
 Chapter 16
 EMERGENCY INCIDENT MANAGEMENT PLANNING

Division
Newhall

Number
540

Evaluated By Sgt. B. Dibene

Date 04/21/08

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation
☐ Formal ☒ Informal

Suspense Date

Follow-up Required
☒ Yes ☐ No

☐ Correction Report
 by _____

Commander's Review Date

**1. EMERGENCY INCIDENT MANAGEMENT
 (EIM) PLANNING**

Evaluated
☒

Action
 Required ☒

Corrected
☒

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1 and HPM 50.5? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates? ☒ Yes ☐ No

(b) Public safety agencies? ☒ Yes ☐ No

(c) Emergency service providers? ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
Chapter 16
EMERGENCY INCIDENT MANAGEMENT PLANNING

(d) What methods are used for acquiring necessary supplies and equipment?

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

(a) Are there employee and property protection references in the command's EAP? ☒ Yes ☐ No

(b) Bomb incident procedures? ☒ Yes ☐ No

(c) Fires? ☒ Yes ☐ No

(d) Flood/dam failures? ☒ Yes ☐ No

(e) Radiation incidents? ☒ Yes ☐ No

(f) Earthquakes? ☒ Yes ☐ No

(g) Tsunamis/coastal storms? ☐ Yes ☒ No

(h) Civil unrest? ☒ Yes ☐ No

(i) Other Area-specific emergencies? ☒ Yes ☐ No

(6) Do plans have supporting annexes with the following information:

(a) Emergency Response Center Operations? ☒ Yes ☐ No

(b) Mutual aid plans and MOU's developed between Area and other emergency service providers? ☒ Yes ☐ No

(c) Procedures for deployment of, and accounting for, personnel and material resources? ☒ Yes ☐ No

(d) 72-hour self-sufficient operation? ☒ Yes ☐ No

(7) Does the need for each plan still exist? ☒ Yes ☐ No

(a) Are plans up-to-date and not in conflict with HPM 50.1 and HPM 50.5? ☒ Yes ☐ No

(b) Can plans be tested? ☒ Yes ☐ No

(c) Are they current? ☒ Yes ☐ No

(d) Do they work? ☒ Yes ☐ No

(8) Does the Area SOP contain guidelines for EIM? ☒ Yes ☐ No

(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, HPM 50.5 or local plans? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
Chapter 16
EMERGENCY INCIDENT MANAGEMENT PLANNING

2. TRAINING	Evaluated <input checked="" type="checkbox"/>	Action Required <input checked="" type="checkbox"/>	Corrected <input checked="" type="checkbox"/>
a. Is there an awareness of local training requirements?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Have required employees been trained to initiate and use ICS in emergencies?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Have managers, supervisors and OICs been trained in the use of HPG 50.3?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Is 50.3 readily available?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are managers and supervisors familiar with various ICS forms and their use?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) Are the records of required training current?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Are Area personnel trained to drive and operate departmental EIMVs?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(1) Is there a list of trained drivers/operators in the emergency plan or SOP?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Has interagency training pertaining to EIM been conducted?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(1) Do Area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Do personnel participate in exercises with these agencies/EMS providers?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. RELATIONSHIPS WITH ALLIED AGENCIES	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Does commander regularly confer with judges, prosecutors, public defenders?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Does he/she maintain a working relationship with local sheriff's offices, police departments, state/county traffic engineers and highway department personnel?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Does he/she maintain a working relationship with County and Regional State Office of Emergency Services personnel?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the commander a member of emergency organizations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations or councils?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
Chapter 16
EMERGENCY INCIDENT MANAGEMENT PLANNING

(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?		
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1 and HPM 50.5?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. REPORTING PROCEDURES	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers and supervisors?		
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are major state route closures reported per GO 100.46?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Hazardous material spills and releases reported per HPM 84.2?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are Hazardous material incident reports (CHP 407E) prepared?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. EMERGENCY INCIDENT RESPONSES	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>
a. List problems Area experienced in exercising EIM.		
(1) Has follow-up investigation been conducted to prevent recurrences?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the investigation forwarded through the chain-of-command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are problems corrected and appropriate changes made to Area plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are corrected actions taken, documented and forwarded through the chain-of-command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have there been repeated problems with specific individuals or agencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Has the Area commander made reasonable efforts to resolve the issues?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(b) If not resolved, has the Division Chief been notified as required?

☐ Yes ☐ No

COMMENTS

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Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
Chapter 16
EMERGENCY INCIDENT MANAGEMENT PLANNING

Area

514/LACC

Division
Southern

Number
501

Evaluated By Sgt. Shenian

Date
4/11/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation

☐ Formal ☒ Informal

Suspense Date

Follow-up Required

☐ Yes ☒ No

☐ Correction Report

by _____

Reviewer's Review

Date

Comma

1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING

Evaluated ☒

Action Required

☐

Corrected

☐

a. Are Area employees familiar with various departmental publications which provide for EIM planning?

☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's EIM as outlined in HPM 50.1 and HPM 50.5?

philosophy and policy for

☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates?

☒ Yes ☐ No

(b) Public safety agencies?

☒ Yes ☐ No

(c) Emergency service providers?

☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans?

☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions?

☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel?

☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies?

☒ Yes ☐ No

d. Have emergency incident plans been evaluated?

☒ Yes ☐ No

(1) Do plans include command-specific information?

☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives?

☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority?

☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans?

☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel?

☒ Yes ☐ No

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(d) What methods are used for acquiring necessary supplies and equipment? The EAP lists specific items which may be required during a long-term incident and those companies which will be contacted for needed resources (i.e. water, repair, fans, lights, portable toilets, food and staging)

(3) Do the plans refer to ICS and CHP and/or command-specific forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are there plans for hazard-specific incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Civil unrest?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Does the need for each plan still exist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1 and HPM 50.5?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, HPM 50.5 or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
Chapter 16
EMERGENCY INCIDENT MANAGEMENT PLANNING

2. TRAINING	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Is there an awareness of local training requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b. Have required employees been trained to initiate and use ICS in emergencies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(1) Have other Area employees received familiarization training in ICS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(3) Have managers, supervisors and OICs been trained in the use of HPG 50.3? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(4) Is 50.3 readily available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(5) Are managers and supervisors familiar with various ICS forms and their use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Are the records of required training current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c. Are Area personnel trained to drive and operate departmental EIMVs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(1) Is there a list of trained drivers/operators in the emergency plan or SOP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
d. Has interagency training pertaining to EIM been conducted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(1) Do Area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(3) Do personnel participate in exercises with these agencies/EMS providers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(4) Are exercise critiques conducted and feedback given to all participants? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
3. RELATIONSHIPS WITH ALLIED AGENCIES	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Does commander regularly confer with judges, prosecutors, public defenders? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(1) Does he/she maintain a working relationship with local sheriff's offices, police departments, state/county traffic engineers and highway department personnel? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(2) Does he/she maintain a working relationship with County and Regional State Office of Emergency Services personnel? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(3) Is the commander a member of emergency organizations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(1) Are lieutenants and sergeants members of emergency-related committees, organizations or councils? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

AREA MANAGEMENT EVALUATION
Chapter 16
EMERGENCY INCIDENT MANAGEMENT PLANNING

(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?		
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1 and HPM 50.5?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. REPORTING PROCEDURES	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/> Corrected <input type="checkbox"/>
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers and supervisors?		
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are major state route closures reported per GO 100.46?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Hazardous material spills and releases reported per HPM 84.2?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are Hazardous material incident reports (CHP 407E) prepared?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. EMERGENCY INCIDENT RESPONSES	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/> Corrected <input type="checkbox"/>
a. List problems Area experienced in exercising EIM.		
1) Video downlink between RRV5 and EOC. 2) Bandwith capabilities related to the satellite communication of RRV5.		
(1) Has follow-up investigation been conducted to prevent recurrences?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the investigation forwarded through the chain-of-command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are problems corrected and appropriate changes made to Area plans?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Are corrected actions taken, documented and forwarded through the chain-of-command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have there been repeated problems with specific individuals or agencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Has the Area commander made reasonable efforts to resolve the issues?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
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EMERGENCY INCIDENT MANAGEMENT PLANNING

(b) If not resolved, has the Division Chief been notified as required?

☐ Yes ☐ No

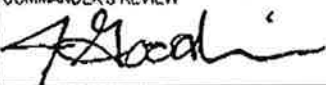
COMMENTS

1. LACC has been working in conjunction with Headquarters telecom section to develop over (30) Memorandums of Understanding (MOU) with allied agencies and other first responders concerning emergency incident management/radio interoperability at emergency incidents.
2. LACC working in conjunction with the Department of Transportation (CALTRANS) has developed a site specific tsunami Contra-Flow plan concerning the emergency incident management of traffic.
3. LACC is in the process of updating the Southern Division EOC manuals.
4. LACC is in the process of re-configuring the EOC operations floor.
5. LACC is continuing its on-going efforts with allied agencies concerning the 9-1-1 phone system.
6. LACC presently meets regularly with allied agencies and other first responder agencies concerning radio interoperability at emergency incidents involving local, state and federal agencies. The Commander, Lieutenant and Sergeant actively participate on several committees where mutual aid plans are discussed at all levels.
7. LACC continues to conduct weekly radio interoperability testing with the Los Angeles County Sheriff's Department, ensuring emergency procedures are in place and personnel are responding appropriately.
8. The Rapid Response Vehicle has responded on several occasions to assist the local areas at incidents and has taken part in several training exercises with allied agencies and the United States Army, Marines and Airforce.
9. TMC personnel in accordance with Southern Division notification procedures, continues to notify Southern Division Management and Area Command Staff personnel of both emergency incidents and possible developing emergency incidents.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING
CHP 453R (Rev. 6-06) OPI 009

AREA Commercial Unit	DIVISION Southern	NUMBER 510
EVALUATED BY Sergeant Jeff Loftin		DATE 04/18/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY	COMMANDER'S REVIEW  DATE 4/18/08
1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING		EVALUATED Yes	ACTION REQUIRED No CORRECTED

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☐ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☐ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☐ Yes ☐ No

d. Have emergency incident plans been evaluated? ☐ Yes ☒ No

(1) Do plans include command-specific information? ☐ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☐ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☐ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☐ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☐ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment?

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☐ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☐ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☐ Yes ☐ No

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

(a) Are there employee and property protection references in the command's EAP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Civil unrest.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. TRAINING

EVALUATED	ACTION REQUIRED	CORRECTED
Yes	No	
a. Is there an awareness of local training requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is HPG 50.3, Emergency Incident Guide, readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING
CHP 453R (Rev. 6-06) OPI 009

(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. RELATIONSHIPS WITH ALLIED AGENCIES	EVALUATED Yes	ACTION REQUIRED No
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. REPORTING PROCEDURES	EVALUATED Yes	ACTION REQUIRED No
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING
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(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? ☒ Yes ☐ No

(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? ☒ Yes ☐ No

(a) Are Hazardous material incident reports (CHP 407E) prepared? ☒ Yes ☐ No

(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? ☒ Yes ☐ No

5. EMERGENCY INCIDENT RESPONSES	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes		

a. List problems Area experienced in exercising EIM. None.

(1) Has follow-up investigation been conducted to prevent recurrences of problems? ☐ Yes ☐ No

(a) Is the investigation forwarded through the chain-of-command? ☐ Yes ☐ No

(b) Are problems corrected and appropriate changes made to Area plans? ☐ Yes ☐ No

(c) Are corrected actions taken, documented, and forwarded through the chain-of-command? ☐ Yes ☐ No

(2) Have there been repeated problems with specific individuals or agencies? ☐ Yes ☒ No

(a) Has the Area commander made reasonable efforts to resolve the issues? ☐ Yes ☐ No

(b) If not resolved, has the Division chief been notified as required? ☐ Yes ☐ No

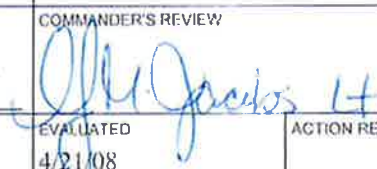
Emergency Action Plan is completed by ISU who is in charge of building maintenance. Individual Areas complete their own Emergency Incident Plan and our unit assists those Areas as needed according to their plan. The Commercial Unit also trains the Southern Division personnel in the implementation of the ICS.

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING

CHP 453R (Rev. 6-06) OPI 009

AREA East Los Angeles	DIVISION Southern	NUMBER 535
EVALUATED BY Sergeant C. K. Johnson, #13637		DATE 04/21/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 04/01/2008	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY <u> </u> EVALUATED 4/21/08	COMMANDER'S REVIEW  ACTION REQUIRED DATE 4/23/2008 CORRECTED

1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment? Area supplies are evaluated quarterly and

orders placed accordingly. Division overstock and supplies are kept at the East Los Angeles Area in locked containers at the rear of the property. Supplies are adequate for 72 hours of emergency operations.

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION **EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(h) Civil unrest.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

2. TRAINING

EVALUATED
4/21/08

ACTION REQUIRED

CORRECTED

a. Is there an awareness of local training requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is HPG 50.3, Emergency Incident Guide, readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION **EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. RELATIONSHIPS WITH ALLIED AGENCIES	EVALUATED 4/21/08	ACTION REQUIRED CORRECTED
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. REPORTING PROCEDURES	EVALUATED 4/21/08	ACTION REQUIRED CORRECTED
Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are Hazardous material incident reports (CHP 407E) prepared?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

5. EMERGENCY INCIDENT RESPONSESEVALUATED
4/21/08

ACTION REQUIRED

CORRECTED

a. List problems Area experienced in exercising EIM. Communications between CHP and other emergency agencies.

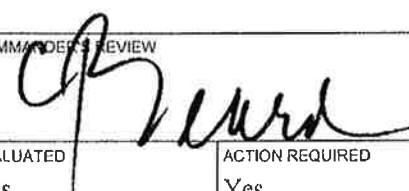
(1) Has follow-up investigation been conducted to prevent recurrences of problems?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the investigation forwarded through the chain-of-command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are problems corrected and appropriate changes made to Area plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are corrected actions taken, documented, and forwarded through the chain-of-command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have there been repeated problems with specific individuals or agencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Has the Area commander made reasonable efforts to resolve the issues?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If not resolved, has the Division chief been notified as required?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING

CHP 453R (Rev. 6-06) OPI 009

AREA CLA / 590	DIVISION Southern	NUMBER
EVALUATED BY Lt. L. Wilson		DATE 04/16/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		BY	
<input type="checkbox"/> Correction Report		COMMANDER'S REVIEW 	
DATE 4/16/08		EVALUATED Yes	ACTION REQUIRED Yes
CORRECTED			

1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment? The EAP contains the names, telephone numbers and list of resources to contact during an emergency situation.

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING

CHP 453R (Rev. 6-06) OPI 009

(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(f) Earthquakes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(h) Civil unrest.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. TRAINING

	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
a. Is there an awareness of local training requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Have other Area employees received familiarization training in ICS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is HPG 50.3, Emergency Incident Guide, readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION **EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. RELATIONSHIPS WITH ALLIED AGENCIES	EVALUATED Yes	ACTION REQUIRED CORRECTED
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. REPORTING PROCEDURES	EVALUATED Yes	ACTION REQUIRED CORRECTED
Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING

CHP 453R (Rev. 6-06) OPI 009

(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are Hazardous material incident reports (CHP 407E) prepared?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

5. EMERGENCY INCIDENT RESPONSES

EVALUATED
Yes

ACTION REQUIRED

CORRECTED

a. List problems Area experienced in exercising EIM. To date, Area has not experienced problems with implementing EIM. The Area has a good relationship with its surrounding allied agencies.

(1) Has follow-up investigation been conducted to prevent recurrences of problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the investigation forwarded through the chain-of-command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are problems corrected and appropriate changes made to Area plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are corrected actions taken, documented, and forwarded through the chain-of-command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have there been repeated problems with specific individuals or agencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has the Area commander made reasonable efforts to resolve the issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If not resolved, has the Division chief been notified as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The Central Los Angeles Area has completed the Area Management Evaluation for Emergency Incident Management Planning. The evaluation disclosed areas in which minor corrections need to be made. The following is a list of the action items needing to be completed:

1. The Area EAP is in need of being updated. It was last revised in June, 2005. The areas needing to be addressed are the updated rosters, emergency response lists, telephone numbers, diagramming emergency cut off switches and posting throughout the facility of the CHP 715, Emergency Protection Program.
2. The Area needs to have Public Safety Agencies attend Area training to discuss their roles and participate in exercises.

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING

CHP 453R (Rev. 6-06) OPI 009

AREA 541	DIVISION Southern	NUMBER
EVALUATED BY Sgt. T. J. Kappen, #9568		DATE 03/27/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BY _____		COMMANDER'S REVIEW Acting Commander T. J. Kappen	
<input type="checkbox"/> Correction Report		DATE 04/07/2008	

1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING

EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
------------------	------------------------	-----------

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☐ Yes ☒ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment? Any employee identifying a need for necessary supplies or equipment may notify his supervisor. The supervisor will evaluate and include the supplies into the next quarterly order if needed.

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION **EMERGENCY INCIDENT MANAGEMENT PLANNING**

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(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(f) Earthquakes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(h) Civil unrest.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. TRAINING	EVALUATED Yes	ACTION REQUIRED Yes
a. Is there an awareness of local training requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is HPG 50.3, Emergency Incident Guide, readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION **EMERGENCY INCIDENT MANAGEMENT PLANNING**

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(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. RELATIONSHIPS WITH ALLIED AGENCIES	EVALUATED Yes	ACTION REQUIRED No
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. REPORTING PROCEDURES	EVALUATED Yes	ACTION REQUIRED No
Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING

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(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are Hazardous material incident reports (CHP 407E) prepared?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

5. EMERGENCY INCIDENT RESPONSES

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. List problems Area experienced in exercising EIM. None. There have been no problems implementing ICS or mitigating any emergency or hazardous materials incident. All of the following are "Not Applicable".

(1) Has follow-up investigation been conducted to prevent recurrences of problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the investigation forwarded through the chain-of-command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are problems corrected and appropriate changes made to Area plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are corrected actions taken, documented, and forwarded through the chain-of-command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have there been repeated problems with specific individuals or agencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has the Area commander made reasonable efforts to resolve the issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If not resolved, has the Division chief been notified as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION

EMERGENCY INCIDENT MANAGEMENT PLANNING

HP 453R (Rev. 6-06) OPI 009

AREA	DIVISION	NUMBER
Antelope Valley	Southern	
EVALUATED BY	DATE	
Sgt. T. Morris	03/11/2008	

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION		SUSPENSE DATE
<input type="checkbox"/> Formal Evaluation	<input checked="" type="checkbox"/> Informal Evaluation	04/01/2008
FOLLOW-UP REQUIRED *		COMMANDER'S REVIEW
<input type="checkbox"/> Correction Report		<i>A. Winters</i> <i>Acting</i> <i>3/24/08</i>
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	DATE
BY		

EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING

	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	Yes	
a. Are Area employees familiar with various departmental publications which provide for EIM planning?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Is this philosophy conveyed to:			
(a) Subordinates.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Public safety agencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Emergency service providers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is an employee assigned to develop and routinely update EIM plans?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(1) Is the employee familiar with local resources and conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is input obtained from uniformed and nonuniformed personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Is there adequate liaison with emergency response and support agencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Have emergency incident plans been evaluated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Do plans include command-specific information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Do plans contain a clear statement of their purpose and objectives?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Is there an assignment of responsibility commensurate with appropriate authority?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Are there checklists to assist in implementing the plans?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Is there a method for notifying off-duty personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) What methods are used for acquiring necessary supplies and equipment?	There are currently no plans in effect for the acquisition of supplies and equipment. See Notes on Page 4. *		
(3) Do the plans refer to ICS and CHP and/or command-specific forms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Are there plans for hazard-specific incidents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

HP 453R (Rev. 6-06) OPI 009

(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms.	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(h) Civil unrest.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No *
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TRAINING	EVALUATED Yes	ACTION REQUIRED No
a. Is there an awareness of local training requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is HPG 50.3, Emergency Incident Guide, readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

REA MANAGEMENT EVALUATION

EMERGENCY INCIDENT MANAGEMENT PLANNING

HP 453R (Rev. 6-06) OPI 009

(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

RELATIONSHIPS WITH ALLIED AGENCIES	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the commander a member of emergency organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

REPORTING PROCEDURES	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING

HP 453R (Rev. 6-06) OPI 009

2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are Hazardous material incident reports (CHP 407E) prepared?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

EMERGENCY INCIDENT RESPONSES	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	

a. List problems Area experienced in exercising EIM. See Notes.

(1) Has follow-up investigation been conducted to prevent recurrences of problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the investigation forwarded through the chain-of-command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are problems corrected and appropriate changes made to Area plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are corrected actions taken, documented, and forwarded through the chain-of-command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have there been repeated problems with specific individuals or agencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has the Area commander made reasonable efforts to resolve the issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If not resolved, has the Division chief been notified as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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c The Area currently has no person assigned to monitor and update EIM plans. This will become an Action Item for the next Area Staff meeting for a sergeant to be assigned as a collateral duty.

d.(2)(d) There are currently no plans in effect for the acquisition of supplies and equipment. A plan will be developed to brainstorm potential supplies which will be needed. Potential vendors who will accept an Emergency "X" Number will then be identified and arrangements made for the emergency acquisition protocols necessary for each vendor.

a The Area has not experienced any problems with exercising EIM. With the change to the 911 cell system, the Area has experienced a problem with LASD units responding to 911 freeway calls and indiscriminately blocking off all traffic lanes. The Area Commander has discussed this with the local LASD Commanders and training has been arranged to improve response and actions from LASD units.

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
 Chapter 16
 EMERGENCY INCIDENT MANAGEMENT PLANNING

Area
525

Division
Southern
Division

Number

525-08-002

Evaluated By Sgt. H.J. Castillo

Date 04/10/08

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation

☐ Formal ☒ Informal

Suspense Date

Follow-up Required

☐ Yes ☒ No

☐ Correction Report
by _____

Commander's Review
Date

**1. EMERGENCY INCIDENT MANAGEMENT
(EIM) PLANNING**

Evaluated
☒

Action
Required ☐

Corrected
☐

a. Are Area employees familiar with various departmental publications which provide for EIM planning?

☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1 and HPM 50.5?

☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates?

☒ Yes ☐ No

(b) Public safety agencies?

☒ Yes ☐ No

(c) Emergency service providers?

☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans?

☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions?

☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel?

☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies?

☒ Yes ☐ No

d. Have emergency incident plans been evaluated?

☒ Yes ☐ No

(1) Do plans include command-specific information?

☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives?

☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority?

☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans?

☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
Chapter 16
EMERGENCY INCIDENT MANAGEMENT PLANNING

(d) What methods are used for acquiring necessary supplies and equipment? The Department's quarterly requisition process is routinely used unless there is an emergency item that needs to be obtained.

(3) Do the plans refer to ICS and CHP and/or command-specific forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are there plans for hazard-specific incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(h) Civil unrest?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1 and HPM 50.5?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, HPM 50.5 or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
Chapter 16
EMERGENCY INCIDENT MANAGEMENT PLANNING

2. TRAINING	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Is there an awareness of local training requirements?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Have required employees been trained to initiate and use ICS in emergencies?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Have managers, supervisors and OICs been trained in the use of HPG 50.3?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Is 50.3 readily available?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are managers and supervisors familiar with various ICS forms and their use?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) Are the records of required training current?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Are Area personnel trained to drive and operate departmental EIMVs?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(1) Is there a list of trained drivers/operators in the emergency plan or SOP?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Has interagency training pertaining to EIM been conducted?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Do Area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Do personnel participate in exercises with these agencies/EMS providers?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. RELATIONSHIPS WITH ALLIED AGENCIES	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Does commander regularly confer with judges, prosecutors, public defenders?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Does he/she maintain a working relationship with local sheriff's offices, police departments, state/county traffic engineers and highway department personnel?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Does he/she maintain a working relationship with County and Regional State Office of Emergency Services personnel?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the commander a member of emergency organizations?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations or councils?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
Chapter 16
EMERGENCY INCIDENT MANAGEMENT PLANNING

(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1 and HPM 50.5?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. REPORTING PROCEDURES	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are major state route closures reported per GO 100.46?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Hazardous material spills and releases reported per HPM 84.2?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are Hazardous material incident reports (CHP 407E) prepared?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. EMERGENCY INCIDENT RESPONSES	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>
a. List problems Area experienced in exercising EIM.		
No problems were noted or experienced during any of our tabletop exercises in regards to emergency incident responses.		
(1) Has follow-up investigation been conducted to prevent recurrences?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the investigation forwarded through the chain-of-command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are problems corrected and appropriate changes made to Area plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are corrected actions taken, documented and forwarded through the chain-of-command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have there been repeated problems with specific individuals or agencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Has the Area commander made reasonable efforts to resolve the issues?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
Chapter 16
EMERGENCY INCIDENT MANAGEMENT PLANNING

(b) If not resolved, has the Division Chief been notified as required?

☒ Yes ☐ No

COMMENTS

Summary:

2. TRAINING

Currently the Baldwin Park Area does not have anyone trained to drive the EIMV. Allied agencies are aware of its capabilities and the command post vehicle is available for response through Southern Division request based on the need, length or size of the emergency incident.

3. RELATIONSHIPS WITH ALLIED AGENCIES

4. REPORTING PROCEDURES

5. EMERGENCY INCIDENT RESPONSES

The Baldwin Park Area staff have an excellent understanding of the Department's Emergency Incident Plan and it's own Emergency Action Plan based on specific incidents. The Area Commander and all of the Baldwin Park employees take an active interest in emergency response issues. The Area management and supervisory staff attend emergency preparedness meetings with allied agencies, and have good working relationships with those agencies. The officers and supervisors work closely with first responders on a daily basis and ensure that there is a safe working environment for all personnel and the motoring public involved in the given incident.

The Area Commander has a well established policy which requires supervisors to respond to all emergency incidents occurring within our area of jurisdiction and investigative responsibility. The Incident Command System is to be utilized and notifications made through the chain of command.

AREA MANAGEMENT EVALUATION

OFFICE MANAGEMENT

CHP 453E (Rev. 5-06) OPI 009

AREA Altadena/575	DIVISION Southern	NUMBER
EVALUATED BY J. Kolstad #16434		DATE 07/10/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY	
<input type="checkbox"/> Correction Report		COMMANDER'S REVIEW	DATE

1. CLERICAL TASKS

	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED Yes
a. Is the office well organized?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Are there written job descriptions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Does clerical staff have their job description at their desk?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Does clerical staff understand what is expected of them?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are similar activities grouped together to promote efficiency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) If tape recorders are used, can clerical employees transcribe effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Is the clerical staff knowledgeable in the use of personal computers, filing requirements, information security, etc.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Can another clerical employee assume the duties of a clerical employee who is absent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the Office Services Supervisor (OSS) effective?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Does he/she properly apply management philosophies and supervisory skills?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Does he/she have the authority and backing necessary to effectively supervise subordinates?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Is the clerical supervisor an effective manager?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Does the OSS identify employees with supervisory potential?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Does he/she assist employees in the preparation of written plans for progressive career development?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(b) Have special interests been identified and educational opportunities and/or departmental training been afforded the employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(c) Has the CHP 120, Individual Development Plan for Future Job Performance of Permanent Employee, been used to identify particular strengths of the employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) Does the supervisor set a good example?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Does he/she show a willingness to assist subordinate personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Does he/she know when to act, when to delegate, and when to refer to a supervisor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) If there is more than one OSS, is the work and supervision evenly distributed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Does the OSS participate in Area staff meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AREA MANAGEMENT EVALUATION

OFFICE MANAGEMENT

CHP 453E (Rev. 5-06) OPI 009

LING SYSTEM		EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a.	Is the Area's filing system in compliance with departmental guidelines contained in HPG 11.1, Field Office File Guide?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b.	Are other files, i.e., permanent files, enforcement document files, etc., maintained according to policy?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1)	How far back are accident reports being maintained? 5 years			
(2)	Is there a filing backlog?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(3)	Is there evidence of recent office review?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4)	How are Management and All Commanders Memorandums filed and purged? They are filed in numerical order in the clerical library. The OSS files and purges them in accordance with departmental policy and conducts a quarterly review.			
(5)	Are Training and Information Bulletins filed?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a)	If so, how are they located? They are filed in the command's library outside the clerical office.			
(6)	Do all clerical employees understand the filing system?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7)	Does the Area have an effective suspense system?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a)	Do all supervisors take advantage of the suspense system?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Are personnel files properly secured and access limited?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1)	Are the requirements of the Information Practices Act being followed?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2)	Is a periodic review done on a regular basis?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a)	If so, how often? Quarterly			
(3)	Is annual employee review and updating conducted as required?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4)	Are only required or permitted items contained in personnel folders?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. SECURITY OF CRIMINAL RECORDS		EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a.	Have employees who have access to criminal offender record information signed an acknowledgment stating they understand the regulations and policies pertaining to these records?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1)	Has the Area designated a specific person to release criminal offender record information?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a)	Do any other persons release this information?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b)	Has the designated person completed the required training?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(c)	Are safeguards in place to verify telephone inquiries prior to disclosure?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2)	Does each person that is designated to release information maintain a CHP 263B, Criminal Offender Record Information Release Log?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a)	Are entries maintained for the prescribed period of time?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. SCAL PROCEDURES		EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED Yes
a.	Have discrepancies on the most current audit reports been corrected?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

AREA MANAGEMENT EVALUATION

OFFICE MANAGEMENT

CHP 453E (Rev. 5-06) OPI 009

(1) Are all change fund and collections handled and processed according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are counter receipts and DL45s, California Special Driver's Certificate, issued to the field accounted for and safeguarded?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are "voided" or "no fee" DL45s marked as such, signed by the commander, and forwarded to Fiscal Management Section?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there a separation of duties between cashier responsibilities and transmittal of collections?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Are collections and change funds safeguarded?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Are checks promptly endorsed and cash receipts reconciled daily?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Are counter receipts and DL45s that are issued in sequence accounted for and returned to Fiscal Management Section upon completion?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) What specific guidelines are in place for security control and accountability?	All receipts are kept chronologically. All cash is kept in a locked cash box within a locked filing cabinet in the OSS's office. Lt. Geletko oversees and provides accountability.	
(h) Is a supervisor responsible for review of the system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Do total collections agree with the total amount of counter receipts and DL45s issued?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Are counter receipts and transmittal records prepared properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) Are surprise counts of funds performed and documented by the commander or designee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are security and accountability procedures in place for the petty cash fund?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the petty cash fund used only for authorized purchases within the limited amount?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are valid authorizations on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is a Disbursement Voucher (Std. 439) completed and signed by the commander when the receipt does not show the vendor name or item purchased?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Are there adequate procedures to ensure purchases are properly authorized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Are surprise counts performed by someone not involved in handling the petty cash fund?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are X-Number services proper and within departmental and state policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are services procured over \$4,999.99?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Is the amount limit circumvented by splitting procurements?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Are three price quotations obtained and documented on a CHP 78X, X-Number Request?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do invoices itemize charges and reference X-Numbers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bank cards adequately safeguarded, and purchases reviewed by a supervisor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are cardholders familiar with the bank card process, including prohibited and restricted items?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are purchases within established policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are three price quotations obtained and documented on a CHP 315X?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is the bank card log completed properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(e) Are invoices and CHP 317, CAL-Card Log, reviewed by a supervisor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Is there a reconciliation of the monthly bank card statement, and does it have supervisory approval?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What controls does the commander have in place to ensure timely transmittals of monies?	Transmittals are made in accordance with departmental policy and oversight is provided by the Area Commander. The OSS ensures timeliness by completing them on a weekly basis.	
(1) Are collections sent to Fiscal Management Section at the first occurrence of \$1,000 in cash and \$10,000 total collections, or at the close of business each Thursday?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are monies received for DL45s, California Special Driver's Certificate, asset forfeiture, reimbursables, evidence, etc., handled appropriately by coordinating transmittal with the Area cashier?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are "no collection" transmittals sent when appropriate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do tire sale transactions comply with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is security of the postage machine adequate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is the machine locked when not in use?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is the meter reading documented as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Is there documentation of monies refunded or forwarded to Fiscal Management Section when the postage machine is being repaired or replaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. SUPPLY REQUISITIONS (CHP 41)

EVALUATED
Yes

ACTION REQUIRED
No

CORRECTED

a. Are requisitions prepared properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Who prepares them?	The office tech. D. Dominguez	
(2) Has a practical stock level been established and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a system that notifies the staff when the quarterly requisition is going to be prepared?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the quarterly requisition period for this command adhered to?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there a high number of emergency requisitions?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Are items stored properly in a storeroom?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is there convenient access for regularly used items?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have obsolete items been removed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

6. SUPPLIES

EVALUATED
Yes

ACTION REQUIRED
No

CORRECTED

a. Are all cameras assigned to the command accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are camera cases clean and do they contain the required accessories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is camera maintenance assigned to a particular individual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) What is his/her preventative maintenance schedule?	They are checked every other month.	
b. Are all extenders assigned to the command accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Is there adequate security for extender batteries and other supplies?

☒ Yes ☐ No

7. OFFICE EQUIPMENT

EVALUATED
Yes

ACTION REQUIRED
Yes

CORRECTED
n/a

a. Are office machines in good condition and properly maintained?

☐ Yes ☒ No

(1) Is the vendor complying with maintenance contract provisions?

☒ Yes ☐ No

(2) Is there a shortage or surplus of machines?

☐ Yes ☒ No

b. Is the Management Information System (MIS) used properly?

☒ Yes ☐ No

(1) Who is authorized to use the equipment? **The OSS**

(2) How is training provided, and by whom? **Training is done on a, "train the trainer" basis. The OSS is currently trained and is able to train others in its use.**

(3) Is there a usage schedule for uniformed and nonuniformed personnel?

☒ Yes ☐ No

(4) Are there controls in place to ensure confidentiality?

☒ Yes ☐ No

(5) Are all personnel aware of how to request repairs after normal business hours?

☒ Yes ☐ No

(6) Is the MIS used to send messages to other offices in lieu of formal memorandums?

☐ Yes ☒ No

(7) What system is used to ensure proper routing of MIS information? **Approval is obtained prior to sending via the Commander.**

Are personal computers used properly?

☐ Yes ☐ No

(1) Who is authorized to use the equipment?

(2) How is training provided, and by whom?

(a) How many employees are trained in its use?

(3) Are there restrictions on the time its used?

☐ Yes ☐ No

(a) Is there a schedule for uniformed and nonuniformed employees?

☐ Yes ☐ No

(4) Is confidential or sensitive information being stored on a PC hard drive?

☐ Yes ☐ No

(a) If so, is the PC password protected?

☐ Yes ☐ No

(b) Is confidential or sensitive information stored on disks, CDs, or removable drives kept in a secure area?

☐ Yes ☐ No

(5) What is the PC being used for?

(6) Are controls present to prevent inappropriate/personal use of the computer?

☐ Yes ☐ No

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(7) Are backup procedures being performed on a regular basis?

☐ Yes ☐ No

(a) Where applicable, are backup disks stored in a secure area?

☐ Yes ☐ No

(8) Are PC manuals and other documentation available to all users?

☐ Yes ☐ No

(9) What procedures are in place to ensure out-of-date documents and files are purged?

(10) Are employees aware of the availability of assistance in resolving computer related problems?

☒ Yes ☐ No

(11) Is anti-virus software regularly utilized on all state-owned PCs?

☒ Yes ☐ No

8. PUBLIC CONTACTS

EVALUATED
Yes

ACTION REQUIRED
No

CORRECTED

a. Does the office have extended office hours?

☒ Yes ☐ No

(1) If so, are they adequate and effective?

☒ Yes ☐ No

b. Are persons served promptly and courteously?

☒ Yes ☐ No

(1) Are backup personnel immediately available?

☒ Yes ☐ No

(2) Is telephone service both efficient and effective?

☒ Yes ☐ No

(3) Are limited duty personnel used for receptionist duties and answering telephones?

☒ Yes ☐ No

(4) Are officer substitutions for nonuniformed positions kept at a minimum?

☒ Yes ☐ No

9. SCHOOL BUS DRIVER EXAMINATIONS

EVALUATED
Yes

ACTION REQUIRED
No

CORRECTED

a. Is school bus driver testing a special duty or a clerical function, or is a full-time school bus coordinator assigned? **A full-time coordinator is assigned. Currently it is done by Officer Zubyk.**

(1) Are tests and test keys kept in a secure place?

☒ Yes ☐ No

(2) How are interested parties advised of testing procedures? **SBSO conducts seminars and personal interviews with potential candidates.**

(a) Are exams graded in the presence of the applicant, and missed questions discussed?

☒ Yes ☐ No

(b) Does the officer or coordinator take possession of the test and dispose of accordingly?

☒ Yes ☐ No

(3) How are test disposed of? **Shredded by SBSO.**

(4) Is there a specific date and time set aside for testing?

☒ Yes ☐ No

COURT INFORMATION PROCEDURES

EVALUATED
Yes

ACTION REQUIRED
No

CORRECTED

a. Is there a systematic method of coordinating court appearance matters?

☒ Yes ☐ No

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(1) What controls are in place to ensure officers appear in court? The court/subpoena control clerk keeps a rolling log. The shift sgt. passes out the subpoenas and has the officer sign it. The signed subpoena is then entered into the rolling log. Supervisors do periodic checks of the courts as well.

(a) How are appearances minimized following cancellations? The clerk calls them to make notification as soon as she is made aware of the cancellation by the court.

(b) How are "short notice" cancellations minimized? Same as above.

(2) Are CHP 90s, Report of Court Appearance - Civil Action, properly distributed and completed on all appropriate cases? ☒ Yes ☐ No

(3) Who is responsible for managing the process? Office Asst. Yvonne Naranjo

(a) Are court officers performing duties that could be handled by clerical personnel? ☐ Yes ☒ No

11. DEPARTMENTAL MANUALS

EVALUATED
Yes

ACTION REQUIRED
No

CORRECTED

Are the number of authorized libraries being maintained? ☒ Yes ☐ No

(1) Are the libraries convenient for those who must use them? ☒ Yes ☐ No

(a) What controls are in place for "loaning" manuals to employees? Check out cards are filled out and a rolling log of the manuals is maintained.

(2) Are publications distinctively marked so they can be readily identified? ☒ Yes ☐ No

(a) Are the number of libraries excessive or sufficient? sufficient

(b) Is there a listing available of what should be in each library? ☒ Yes ☐ No

(3) Are publications kept up-to-date? ☒ Yes ☐ No

(4) Who files publication changes? The OSS

See attached for action items and explanations of some responses.

**AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

AREA ALTADENA	DIVISION SOUTHERN	NUMBER 575
EVALUATED BY SGT STARLING		DATE 04/24/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation	SUSPENSE DATE
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BY	COMMANDER'S REVIEW <i>C. G. [Signature] LT (FON) (W. ORANGE)</i> DATE <i>04.24.08</i>

1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING

EVALUATED X	ACTION REQUIRED X	CORRECTED
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a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment? THROUGH THE NORMAL
PROCUREMENT PROCESS.

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☐ Yes ☒ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**EMERGENCY INCIDENT MANAGEMENT PLANNING**

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(a) Are there employee and property protection references in the command's EAP?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Bomb incident procedures.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Fires.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Flood/dam failures.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Radiation incidents.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(f) Earthquakes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(h) Civil unrest.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(i) Other Area-specific emergencies.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Does the need for each plan still exists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. TRAINING	EVALUATED X	ACTION REQUIRED X
a. Is there an awareness of local training requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is HPG 50.3, Emergency Incident Guide, readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION **EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. RELATIONSHIPS WITH ALLIED AGENCIES	EVALUATED X	ACTION REQUIRED X
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Are existing plans current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. REPORTING PROCEDURES	EVALUATED X	ACTION REQUIRED
Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING
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(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? ☒ Yes ☐ No

(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? ☒ Yes ☐ No

(a) Are Hazardous material incident reports (CHP 407E) prepared? ☒ Yes ☐ No

(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? ☒ Yes ☐ No

5. EMERGENCY INCIDENT RESPONSES

EVALUATED
X

ACTION REQUIRED

CORRECTED

a. List problems Area experienced in exercising EIM. NONE.

(1) Has follow-up investigation been conducted to prevent recurrences of problems? *N/A* ☐ Yes ☐ No

(a) Is the investigation forwarded through the chain-of-command? ☐ Yes ☐ No

(b) Are problems corrected and appropriate changes made to Area plans? ☐ Yes ☐ No

(c) Are corrected actions taken, documented, and forwarded through the chain-of-command? ☐ Yes ☐ No

(2) Have there been repeated problems with specific individuals or agencies? *N/A* ☐ Yes ☒ No

(a) Has the Area commander made reasonable efforts to resolve the issues? ☐ Yes ☐ No

(b) If not resolved, has the Division chief been notified as required? ☐ Yes ☐ No

